

**Alternatives to Abortion Invoice**

<b>Contract #</b>	CS170042005	<b>Vendor Name:</b>	Laclede County Pregnancy Support Center
<b>Vendor Number:</b>	43169397000/MB00097817	<b>Vendor Address:</b>	P.O. Box 373
			Lebanon, MO 65536

**Bill To:**

Office of Administration  
Commissioner's Office  
201 W. Capitol Ave, Room 125  
Jefferson City, MO 65101

**Invoice Number:** LCPSC0085  
**Invoice Date:** 1-Feb-17  
**Service Period:** February 1-28, 2017

<b>Total Contracted Allocation</b>	<b>Prior Invoiced Total</b>	<b>Monthly Award Amount</b>
\$ 89,272.92	\$ -	\$ 17,854.58
Quarterly expenditure adjustment:		\$ -
Total Due:		\$ 17,854.58
Allocation Remaining		\$ 71,418.34

**Signature:** \_\_\_\_\_

